SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received) 3 202014

ENTRED Date: Refund: ermit #: Amount Paid: 3.10.1Z 200-14

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT TH	ioning Dept.
HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)	
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ty.org/zoning/asp)	

REQUESTED LAND USE SANITARY PRIVY PRIVY PRIVY PRIVY PRIVY PRIVY PRIVY		A STATE OF THE STA	A BENEFIT A BENE			and the property of the proper	Conditional Use: (explain) Other: (explain)	Other: (explain)		
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Legal Description: Use Tax Statement Use Taylor of Stories It (Person Signing Application on behalf of Owner(s)) Agent Phone: Type Contractor Phone: Type Ty	Resta X X	esta 1	esta	12/2	774	TOUM		Special	4	
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Relocate Principal Structure (first structure on property Bunkhouse With Land Residence	(X)	A SAME AND	- 1000A-TT-07		1	***************************************	Alteration (specify)	Addition/		
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RUBE KDMBELLEN Township Application on behalf of Owner(s)	× >		- And an internal and an inter		Ŧ	- Andrewski	with Loft			
RegulsTeD	(X)				1 1	shack, etc.)	(i.e. cabin, hunting	Residence		
Regulested Conversion Relocate (estating address:	Dimensions / Y 1	D	ŭ	, tu	1,300	Proposed Structur	le de la companya de) <	Proposed Use
RUBE ROMBELSEN SANITARY PRIVY		Width:	Width:	The state of the s		Length:	(3) Elevative Control	B applied to	HILDER	Proposed Construction:
REQUESTED CANDUSE SANITARY PRIVY	Width: Height:	Width:	Width:			I anoth.	T CA 2 2 4 + A 2 + A)		
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CANDUSE SANITARY PRIVY	Sanitary (Exists) specify type: (3 XI Sanitary (Exists) Speci	- Z					n visting hide)	version	Co
Contractor Phone: Contractor Phone: City/State/Zip: City/State/Zip: City/State/Zip: City/State/Zip: City/State/Zip: City/State/Zip: City/State/Zip: Contractor Phone:	2 (New) Sanitary Specify Type:	2	2		ت ا		X 1-Story + Loft	Alteration	lition/	
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ITREQUESTED— CANDUSE SANITARY PRIVY	Agent Mailing Address (include City/State/2pi) Attached P.O. Box 334 Calle WI X yes No Recorded Document: (i.e. Property Ownersh	ent Mailing Address (include City/State/24) 83.0. Box 334 Call W I	ent Mailing Address (include City/State,	ent Mailing Ad	1 5 2 44	156		ation on behalf o	ing Applic	11 \$
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	or Co	A SECUMENSE) or co	City/	130		USE SANIJAR	LAND	. 5 - ₹	ner's Name:

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Owner(s): _______(If there are Multiple O

Owners listed on the Obed All Owners must sign or letter(s) of authorization must accompany this application)

Date

N

Date

_

Authorized Agent:

(If you are signing on behalf of the ow

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FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

[(we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Address to send permit

3 me

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Bove

er(s) a letter of authorization must accompany this application)

Attach
Copy of Tax Statement V
If you recently purchased the property send your Recorded Deed

7-88-14		Hold For Fees: □		Hold For Affidavit:	H	Hold For TBA: M.		
	j						see TBA	
te of Re-inspection:	Date of A	ıhed.)	No-(If No they need to be attached.)	A L	Inspected by: ached? [] Yes [Conditions Att	Date of Inspection: 2.27 ± 14 Inspection Inspection	Date of Inspection: Condition(s):Town,
oning District $(\mathcal{R} - I)$ kes Classification (\mathcal{Q})	Zoning District Lakes Classifica					easting	tue is	Inspection Record:
ON II	V -	es Represented by Was Property St	Were Property Lines Represented by Owner Was Property Surveyed		NA .)≵-Yes □ No □ Yes □ No	Was Parcel Legally Created Was Proposed Building Site Delineated	Was Propose
) Case #:	y Variance (B.O.A.)	Previously Granted by Variance Yes X No				<u>ب</u> نو	Granted by Va
equired □ Yes Š No ttached □ Yes Š,No	Affidavit Required Affidavit Attached	⊡Yes ໃNo ⊡Yes KNo	Mitigation Required Mitigation Attached	No Suo Suo	rd) ruous Lot(s))	es (Deed of Record) es (Fused/Contiguous Lot(s)) es	Is Parcel a Sub-Standard Lot	Is Parcel is Parcel in Co
			-	3.17	Permit Date:		1-0007	
Date: 8-30-79	Sanitary I	# of bedrooms: ,	10456		Sanitary Number: Reason for Denial:	se Only)	Issuance Information (County Use Only) Permit Denied (Date):	Issuance Inf Permit Denied
<u>v. (P)</u> , and <u>Well (</u> W). 3 Code.	ling Tank (HT), Priv Jse has not begun. he Uniform Dwelling s.	in field (DF), Hold Construction or User To Enforce To Some To Enforce To Some To Fermit	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	onstruction, § (1) Year from t welling: ALL M ity, State or Fe	in(s) of New (its Expire One Two Family D own, Village, C	posed Locatic Land Use Perm In Of New One 8 The local 1	(9) Stake or Mark Pro NOTICE: All For The Construction	
	n which the setback must b	the boundary line from a known corner within 5	e minimum required setback fa corrected compass from a	ty (30) feet from the	wner's expense, et but less than thir verifiable by the D	sed surveyor at the correct than ten (10) fe	other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setbach one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the promarked by a licensed surveyor at the owner's expense.	other previously survior to the placem one previously survine previously surviner by a license
reviously smusted porport	red must be visible from one	lise from which the earthark must be measured must be visib		Feet Feet	35	g)	Setback to Driny (Portable, Composting) Prior the algement or construction of a structure within tea (10) feet of the	Setback to Drain Field Setback to Privy (Porta
⊋D' Feet	***************************************		Setback to Well	Feet	2		Setback to Septic Tank or Holding Tank	Setback to Se
Feet Feet		tland 6 Slope Area tplain	Setback from Wetland Setback from 20% Slope Area Elevation of Floodplain	Feet Feet	+00+ +02+ +03	a Le	Line Line	Setback from the West Lot Setback from the West Lot Setback from the East Lot L
		Bank or Bluff	setback from the	Feet	150+		Setback from the North Lot Line	Setback from
754 Feet	igh-water mark)	Lake (ordinary h	Setback from the Lake (ordinary high-water mark) Setback from the River, Stream, Creek	Feet	133	d Road	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	Setback from Setback from
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Changes in plans must be approved by the Planning & Zoning Dept.	st be approved by th	inges in plans mu	Cha		est point)	ed to the clos	(8) Setbacks: (measured to the closest point)	Flease Con
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y (P)	HT) and/or (*) Priv y	aad) ') Holding Tank (North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	North (N) on Plot Plan (*) Driveway and (*) Frontage Road (All Existing Structures on your Propel (*) Well (W); (*) Septic Tank (ST); (*) (*) Lake; (*) River; (*) Stream/Creek; (*) Wetlands; or (*) Slopes over 20%	North (N) on Plot Plan (*) Driveway and (*) Fro (*) Driveway and (*) Fro All Existing Structures o (*) Well (W); (*) Septic (*) Lake; (*) River; (*) Sio (*) Wetlands; or (*) Sio		show / Indicate: show / Location of (*): show: (5) Show: (6) Show any (*): (7) Show any (*):	

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